

N442: Windshield Survey Verification Form

- Please complete this log during your windshield survey clinical.
- You must participate in the survey clinical time (everyone) and in the project. A poor evaluation from your peers will result in a lower grade. You MUST be present on presentation day to receive a grade for this project.
- PPT is submitted by one person, with everyone's name on it in the group to the Dropbox. You will also present in class. Please see rubric for presentation guidelines. YOU MUST WEAR YOUR LAKEVIEW UNIFORM FOR THIS CLINICAL.

Group Members: Jessica, Julia, Lillian, Maggie, Natalie, Sarah, Tracy, Xitlaly
 Semester: Spring 25 Clinical Instructor: Damela Armstrong

Date	Time	Location	Verifier of Clinical Hours
Example: 05/15/15	Time of Interview	Required Interviews	Whoever is verifying your hours needs to print their name and sign and include a phone number & email (if applicable) for POC
		Business Owner/Manager 1	Name of Business/Name of person interviewed: Phone number:
		Business Owner/Manager 2	Name of Business/Name of person interviewed: Phone Number:
		5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: Edward Bushnell Edward Bushnell 11 years town Melissa McEwen Melissa McEwen Rd. 17 yrs rural Print/Sign: Wavid Woodby Wavid Woodby 22 years town Print/Sign: Print/Sign:
		1 Police Officer	Office Name Printed: Joe Garrett Officer Signature: <i>[Signature]</i> Phone Number: 217-544-1777
		1 Clergy	Name/Sign: Brent Zastrow Brent Zastrow Phone Number 815 471 9040 Name of Church Visited: MILFORD CHRISTIAN CHURCH Location: MILFORD, ILLINOIS
		Health Department	Personnel Name: Signature: Phone/Email: Position at Department:
		City Hall	Name: Robin Rogers Signature: <i>[Signature]</i> Phone/Email: 315-559-4590 bookkeeper@milfordillinois.org Position at City Hall: Bookkeeper
		School Personnel	Name: PJ Bushnell Signature: <i>[Signature]</i> Phone/Email: 309-337-5075 Position: Teacher Name of School/Location: Milford High School, Milford, IL
Total hours:		7 hours total on project	

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Group Members: Xitally Bonilla, Julia Bushnell, Margaret Casey, Tracy Donaldson, Jessica Hines, Lillian Ljubojevic, Sarah Minacci, & Natalie Zizumbo

Semester: Spring 2025 Clinical Instructor: Pamela Armstrong

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		5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: Print/Sign: Print/Sign: Print/Sign: Print/Sign:
		1 Police Officer	Office Name Printed: Officer Signature: Phone Number:
		1 Clergy	Name/Sign: Phone Number Name of Church Visited: Location:
04/24/25	10:00 am	Health Department	Personnel Name: <i>Chelsea McCray</i> Signature: <i>[Signature]</i> Phone/Email: <i>915-432-2483 cmccray@co.indeqwa.is.il.us</i> Position at Department: <i>DIRECTOR OF NURSING</i>
		City Hall	Name: Signature: Phone/Email: Position at City Hall:
		School Personnel	Name: Signature: Phone/Email: Position: Name of School/Location:
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Semester: Spring 25 Clinical Instructor: Pamela Armstrong

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4-10-25	1:00	Business Owner/Manager 1	Name of Business/Name of person interviewed: <u>Hines Automotive</u> Phone number: <u>815 471-1038</u> <u>Frank Hines</u>
4-11-25	1:30	Business Owner/Manager 2	Name of Business/Name of person interviewed: <u>Steberson Truck</u> Phone Number: <u>815-471-5259</u> <u>Wesley Ford</u>
4-7-25 4-7-25	12:00 1:30	5 Community Members -Do they live in town or rural? -How long have they lived here?	Print/Sign: <u>Sarah H. Glenany, RN</u> Print/Sign: <u>Deborah Hines</u> <u>Kerry Hines, RN</u> Print/Sign: Print/Sign:
		1 Police Officer	Office Name Printed: Officer Signature: Phone Number:
		1 Clergy	Name/Sign: Phone Number Name of Church Visited: Location:
		Health Department	Personnel Name: Signature: Phone/Email: Position at Department:
		City Hall	Name: Signature: Phone/Email: Position at City Hall:
		School Personnel	Name: Signature: Phone/Email: Position: Name of School/Location:
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